

1. Work requester fills out this section.

☐ Standing Work Permit

Requester: Don Lynch	Date: 8/6/07	Ext.: 2253	Dept/Div/Group: PO/PHENIX
Other Contact person (if different from requester): Carter Biggs			Ext.: 7515
Work Control Coordinator: Don Lynch		Start Date: 8/6/07	Est. End Date: 11/1/07
Brief Description of Work: MuTr FEE Prototype Test			
Building: 1008	Room: IR	Equipment: MuTr North	Service Provider: PHENIX techs & MuTr experts

WCC, Requester/Designee, Service Provider, and ES&H (as necessary) fill out this section or attach analysis

ES&H ANALYSIS					
Radiation Concerns		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Activation	<input type="checkbox"/> Airborne	<input type="checkbox"/> Contamination
Radiation Generating Devices:		<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges	<input type="checkbox"/> X-ray Equipment
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group			<input type="checkbox"/> Fissionable materials involved, notify Laboratory Criticality Officer		
Safety Concerns		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Transport of Haz/Rad Material	
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input checked="" type="checkbox"/> Confined Space*	<input type="checkbox"/> Explosives	<input type="checkbox"/> Lead*	<input type="checkbox"/> Penetrating Fire Walls	
	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Flammable	<input type="checkbox"/> Magnetic Field*	<input type="checkbox"/> Pressurized Systems	
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Rigging/Critical Lift	
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Noise*	<input type="checkbox"/> Toxic Materials*	
<input type="checkbox"/> Biohazard*	<input type="checkbox"/> Elevated Work*	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Non-ionizing Radiation*	<input type="checkbox"/> Vacuum	
<input type="checkbox"/> Chemicals*	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Oxygen Deficiency*	<input checked="" type="checkbox"/> Other	
* Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Environmental Concerns		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Work impacts Environmental Permit No.		
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Land Use	<input type="checkbox"/> Soil Activation/contamination	<input type="checkbox"/> Waste-Mixed		
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive		
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Oil/PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical		
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping		
Waste disposition by:		<input type="checkbox"/> Other			
Pollution Prevention (P2)/Waste Minimization Opportunity:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Yes			
FACILITY CONCERNS		<input checked="" type="checkbox"/> None			
<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm		<input type="checkbox"/> Vibrations	
	<input type="checkbox"/> Impacts Facility Use Agreement		<input type="checkbox"/> Temperature Change	<input type="checkbox"/> Other	
<input type="checkbox"/> Configuration Control	<input type="checkbox"/> Maintenance Work on Ventilation Systems		<input type="checkbox"/> Utility Interruptions		
WORK CONTROLS					
Work Practices					
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input checked="" type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment	<input type="checkbox"/> Security (see Instruction Sheet)	
<input checked="" type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation	<input type="checkbox"/> Other	
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")		
Protective Equipment					
<input type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat	<input checked="" type="checkbox"/> Safety Glasses	
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator	<input type="checkbox"/> Safety Harness	
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input checked="" type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe Covers	<input checked="" type="checkbox"/> Safety Shoes	<input type="checkbox"/> Other
Permits Required (Permits must be valid when job is scheduled.)					
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems			
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No			
<input checked="" type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other			
Dosimetry/Monitoring					
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD		
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization		
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O ₂ /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input checked="" type="checkbox"/> Other Check O ₂ level prior to entry		
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump			
Training Requirements (List below specific training requirements)					
Confined Space, CA –Collider User, PHENIX Awareness					
Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:			If using the permit when all hazard ratings are low, only the following need to sign: (Although allowed, there is no need to use back of form)		
ES&H Risk Level:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High	WCC:	Date:
Complexity Level:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Service Provider:	Date:
Work Coordination:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Authorization to start	Date:
(Departmental Sup/WCC/Designee)					

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

Work Plan (procedures, timing, equipment, and personnel availability need to be addressed): See Attached backup Documentation				
Special Working Conditions Required: None				
Operational Limits Imposed: Modification work limited to lower octants easily reachable when standing on lower magnet superstructure.				
Post Work Testing Required: No				
Job Safety Analysis Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Walkdown Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Reviewed by: Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.				
Title	Name (print)	Signature	Life #	Date
Primary Reviewer				
ES&H Professional				
Other				
Other C. Pearson				
Work Control Coordinator	Don Lynch		20146	
Service Provider				
	Review Done: <input type="checkbox"/> in series <input type="checkbox"/> team			

4. Job site personnel fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments).			
Job Supervisor:		Contractor Supervisor:	
Workers:	Life#:	Workers :	Life#:
Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.			

5. Departmental Job Supervisor, Work Control Coordinator/Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)			
Name:	Signature:	Life#:	Date:

6. Departmental Job Supervisor, Work Requester/Designee determines if Post Job Review is required. ☐ Yes ☐ No

Post Job Review (Fill in names of reviewers)			
Name:	Signature:	Life#:	Date:
Name:	Signature:	Life#:	Date:

7. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)	
a) WCM/WCC: Is any feedback required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Workers: Are there better methods or safer ways to perform this job in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of work area to work supervisor)

Name:	Signature:	Life#:	Date:
Comments:			

MuTr FEE Prototype Test

INTRODUCTION

As a part of the PHENIX Muon Trigger Forward Upgrade, MuTr experts will be testing new prototype electronics during the 2007 summer shutdown beginning 8/6/07 and continuing until the end of Sep. 2007. This work will involve placing new electronics connected to existing MuTr FEE's instations 1 & 2 north.

Additional Details

Additional details are provide in the attached test plan.

Requirements

All MuTr and PHENIX personnel involved in this effort shall have current C-A User training and PHENIX Awareness training. In addition all personnel who will need to enter into the north Muon Magnet (MMN) shall have current confined space training.

The north and south Muon Magnets shall already be cleared for entry for concurrent MuTr work being performed this summer and all persons entering the MMN for this test shall follow the posted confined space procedures and signed the entry log each time they enter the MMN.

All electrical equipment, gas system requirements and mechanical installation involved in this test shall be reviewed by appropriate C-A safety personnel prior to commencement of these tests.

MuTR FEE Upgrade Summer Test Plan

RIKEN/RBRC

Itaru Nakagawa

Liaison x5984

Itaru@bnl.gov

Material will be installed temporary and tested.

After test, they will be removed.

Schedule is not finalized yet. Need your input.

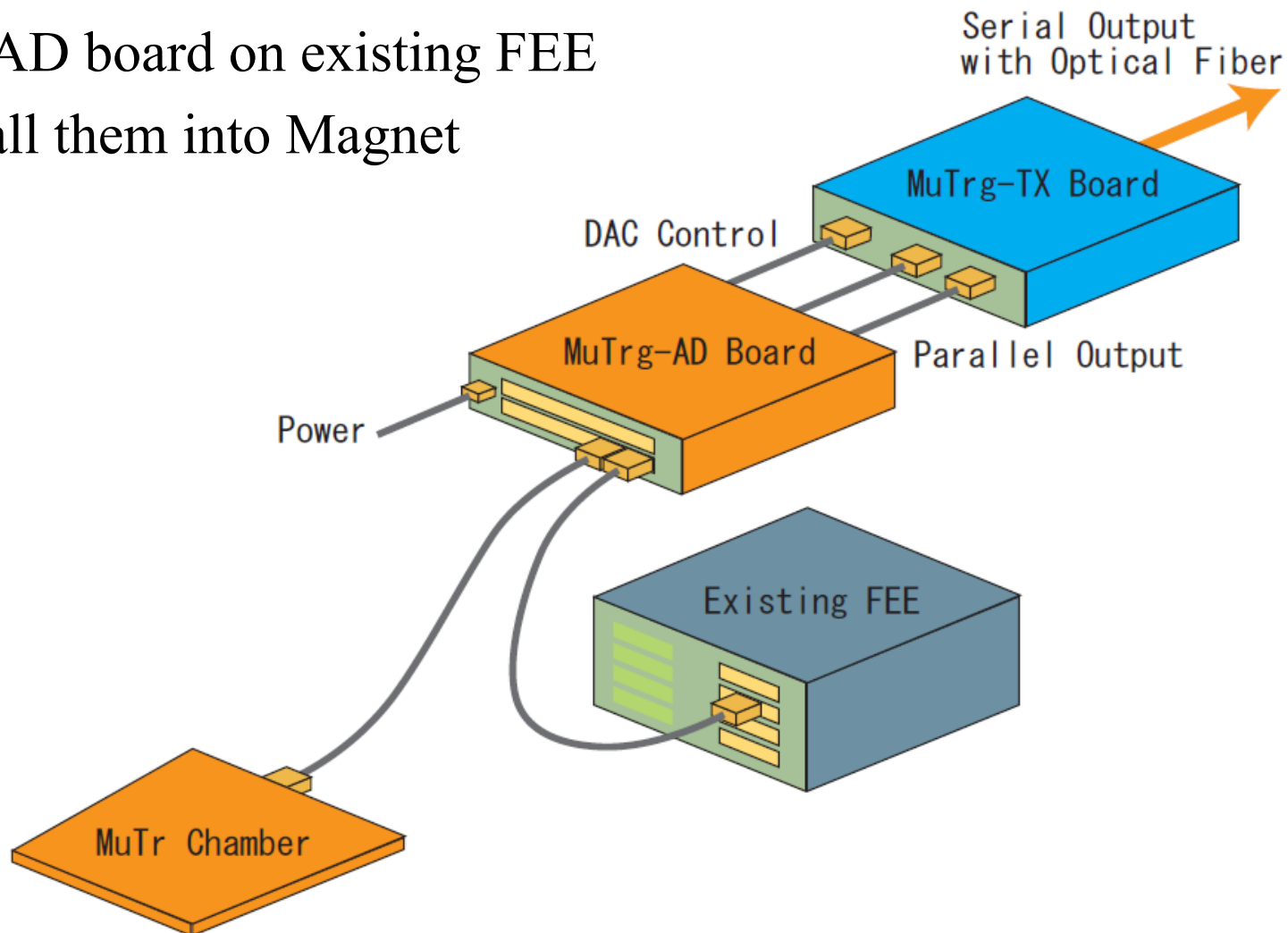
MuTrg-AD & TX Board Install

Signal split on MuTrg-AD Board backplane

For St.2,

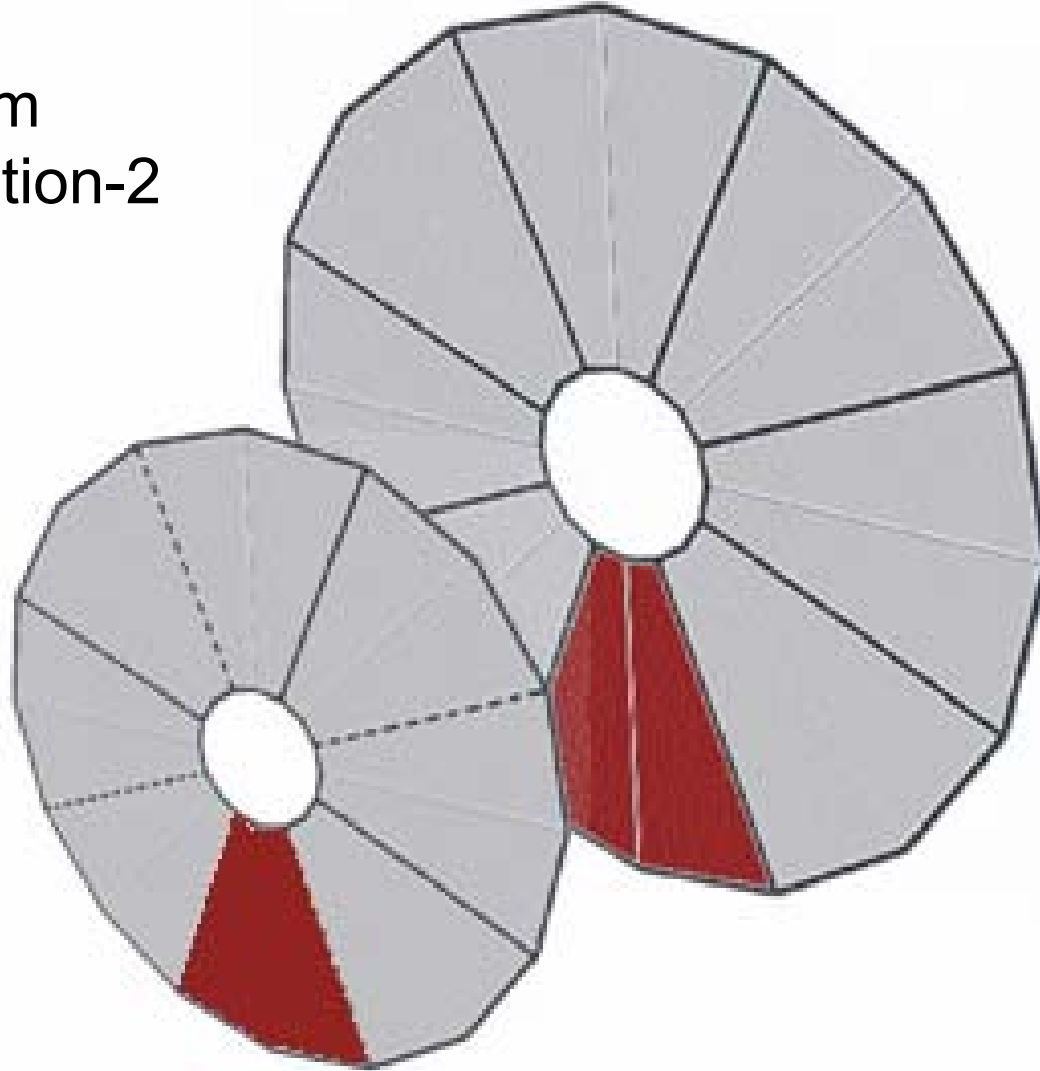
Put AD board on existing FEE

Install them into Magnet



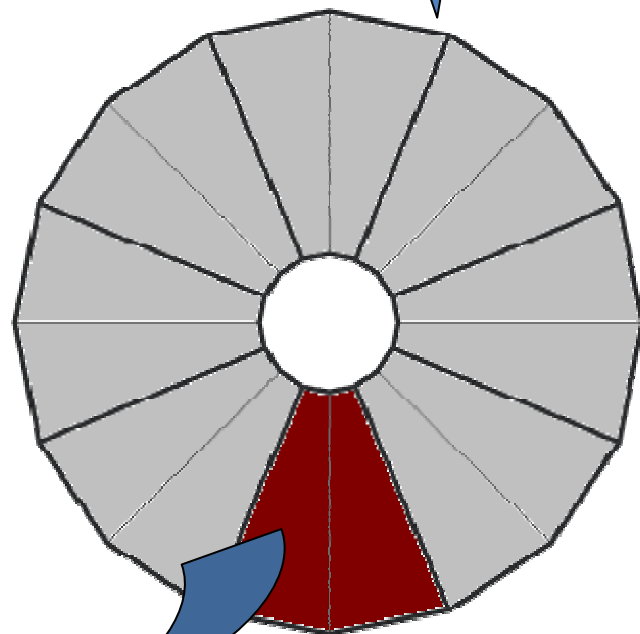
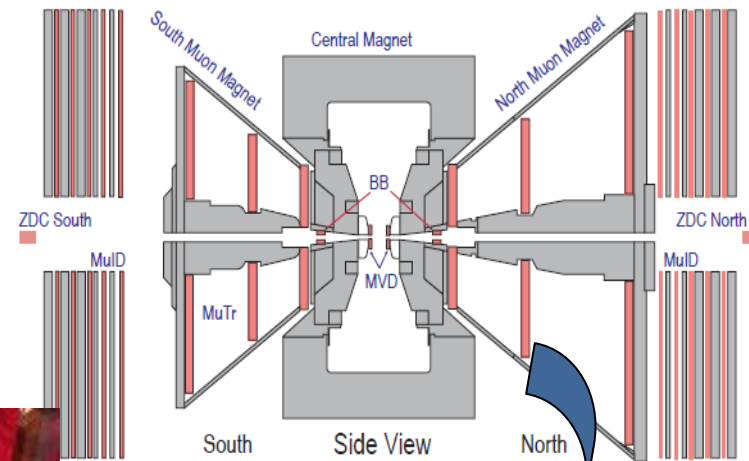
Where is it going?

North Muon Arm
Station-1 & Station-2
Octant-7

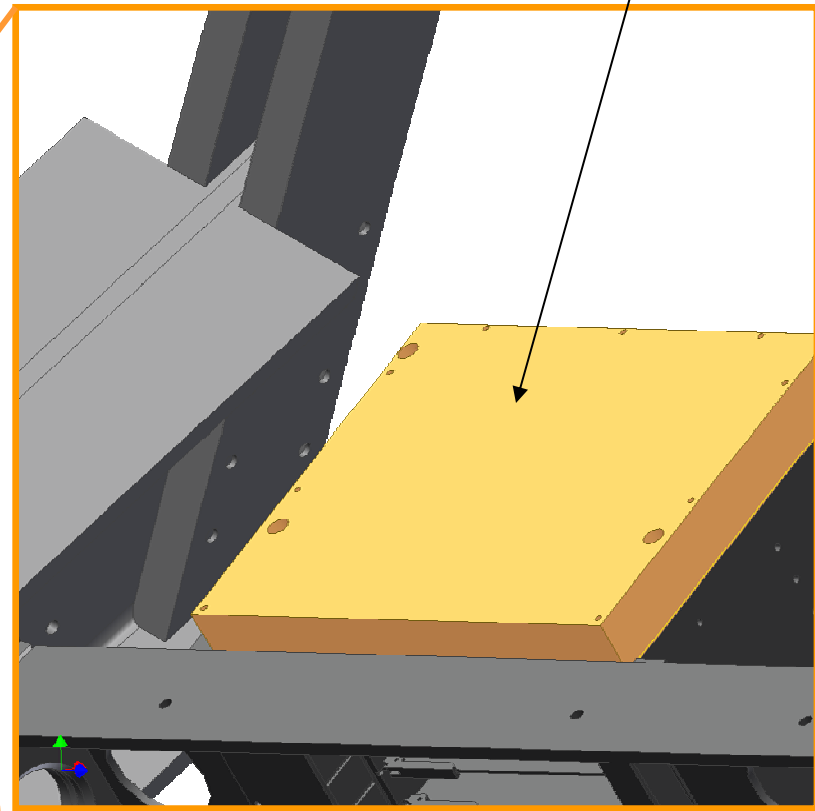
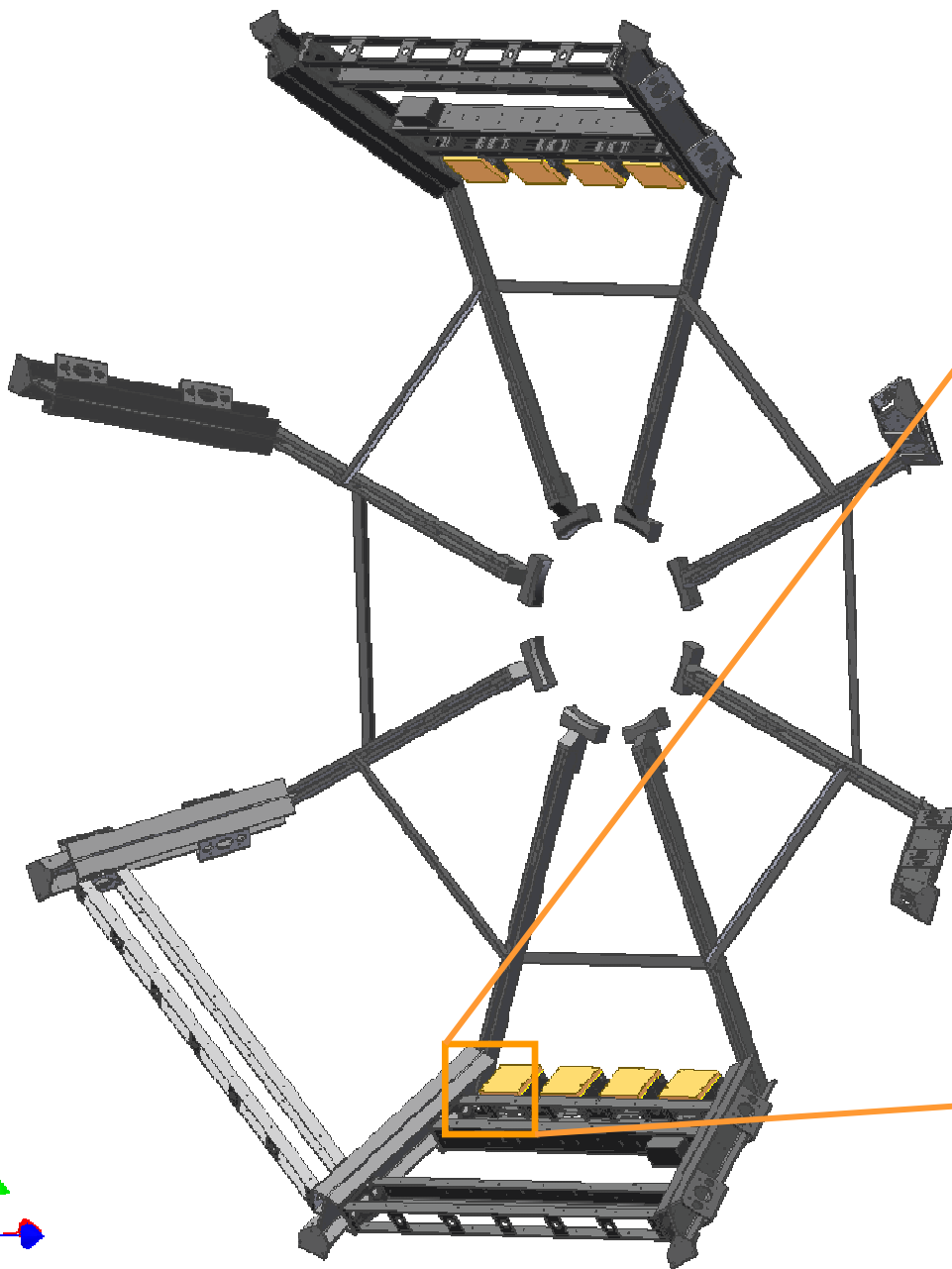


Station-2

- 5 AD board Chassises
- 3 TX board Chassises



AD Board Chassis



By Jiro Murata

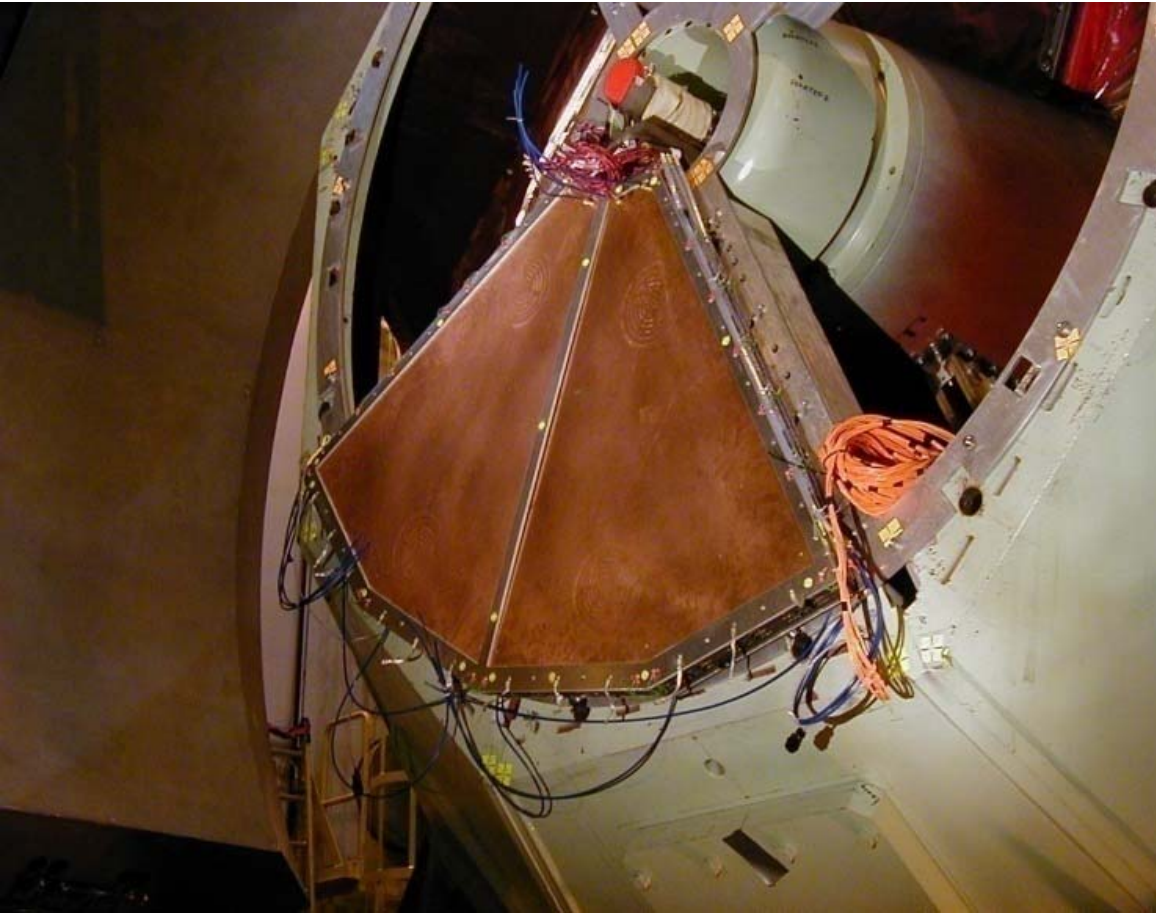
Station-2
TX Board Chassises



Attach TX-Board
Chassises

New Frame
Unistrut + C-cramp on existing frame

Station-1



3 AD-Board Chassises
2 TX-Board Chassises

Need to be accessible
to St-1 during test period

Need Man Lift

No plan how to mount yet

Hardware Requirements

- MuID North + MuTR North (**No Magnetic-field at all**)
- Gas :
 - Phase-I : 8/14 - 8/23
 - MuID : CO₂
 - MuTR: Ar + CO₂
 - Phase-II: 8/23 - 9/10
 - MuID : CO₂ + C₄H₁₀ (recirculation mode)
 - MuTR: CF₄ + Ar + CO₂ (recirculation mode)
- Dry N₂: not much flow
 - **Manifold + 1/4 inch tubes**
- Cooling Water : not much flow
 - **Manifold + 1/4 inch tubes**
- Power :
 - Install 8 AD & 8 TX boards
 - $102\text{W} = 8 * 9.4\text{W}(\text{AD}) + 8 * 3.4\text{W}(\text{TX})$
 - Power from MuTr LV module
 - unused 12ch ($7.5\text{V} * 4\text{A} = 30\text{W}/\text{ch}$)
 - **LV cable * 12 pairs. LV module->Octant.7 (st-1,st-2).**

DAQ + Disk Space Requirement

- MuID North + MuTR North.
- MuID-North 1D-Single Trigger
- New FEE signals → MuID North (South) ROC → DCM
- DAQ
- Disk space : 3~4 TB total

Schedule

- Aug.6 : Preparation for Installation
- Aug.13 : Start Installation
- Aug.16 : Debugging
- Aug.23 : Production data taking.
- Sept.10~20 : Finish data taking
- Sept.10~20 : Start Uninstall



Phase-I

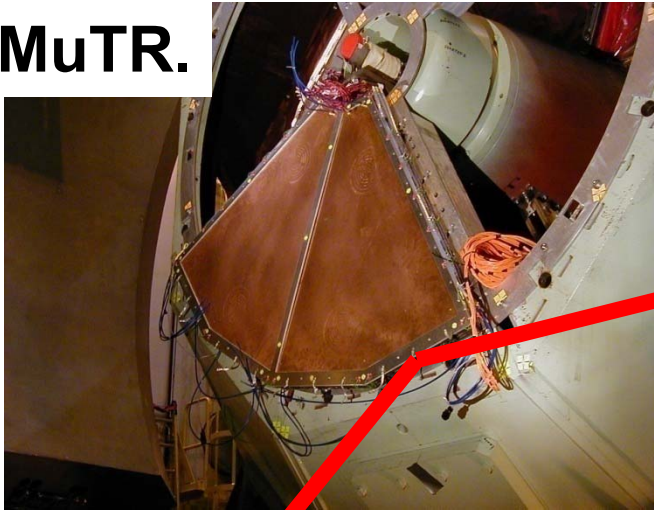


Phase-II

Backup Slides

System overview

MuTR.



Current FEE

